



Daily Security Report

Client No. 2036		Client Name O.H. MATERIALS				Location 1004 OSWEGO ST. UTECA, N.Y.				Date 8/19/87																									
Facility Equipment N/A		Detox Clock N/A		Weapon No. N/A		Holster N/A		Nightstick N/A		Raincoat 1		Flashlight 3		Other Log Book / 2 KEYS / RADIO																					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) Patrick W. Mathena Shift _____ Began 8 AM Ended 4 AM				Officer—Swing Shift (Name) PAT BLOOMQUIST Shift _____ Began 400 AM Ended 1200 AM				Officer—Grave Shift (Name) Dick Koposki Shift _____ Began 12M Ended 8 AM																					
Observations or actions taken						Yes		No		Explanation		Yes		No		Explanation																			
Rounds or stations missed																																			
Unlocked doors, gates or windows																																			
Unlocked vaults or safes																																			
Fire-smoke-or hazards																																			
1. Extinguishers missing or defective																																			
2. Sprinkler system defective																																			
3. Fire doors or exits blocked																																			
4. Rubbish accumulation																																			
5. Motors running																																			
6. Lights left burning																																			
Injury hazards																																			
Visitors																																			
Trespassing																																			
Violation of company rules																																			
Remarks																																			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																																			
1. Were you injured during this tour?						Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.							
Yes <input checked="" type="radio"/>						Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No			
2. Did you suffer any illness?						Yes <input checked="" type="radio"/>		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?						Yes <input checked="" type="radio"/>		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures						Day Shift						Swing Shift						Grave Shift																	
1						Patrick W. Mathena						Pat Bloomquist						Dick Koposki																	
Signatures						2						2						2.																	
Signatures						3.						3						3.																	

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